

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

John Crane  
The Corp. Trust Center  
1201 Orange St  
Wilmington, DE 19801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	<input checked="" type="checkbox"/> Agent
X	<input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
	29 NOV 2006
D. Is delivery address different from item 1? If YES, enter delivery address below: 2004CV1034	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

**2. Article Number**

(Transfer from service label)

7003 3110 0004 0799 1850

Domestic Return Receipt

102595-02-M-1540

DS Form 3811, August 2001

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**1. Article Addressed to:**

**IMO INDUSTRIES, INC., formerly IMO  
DE LAVAL,**  
c/o Its Registered Agent:  
The Corporation Trust Company  
1209 Orange Street  
Wilmington, DE 19801

**COMPLETE THIS SECTION ON DELIVERY**A. Signature *[Signature]*  Agent  AddresseeB. Received by (Printed Name) **27 NOV 2006**C. Date of Delivery  
If YES, enter delivery address below:*27 NOV 2006**20**SFC*D. Is delivery address different from item 1?  Yes  
 No3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.**2. Article Number  
(Transfer from service)****7003 3110 0004 0799 3724**

102595-02-M-1540

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3811. August 2001

Domestic Return Receipt